

**APPLICATION FOR  
EMPLOYMENT  
TOWN OF BLACKSBURG**

Personnel Office  
Municipal Building  
300 South Main Street  
P.O. box 90003  
Blacksburg, Virginia 24062-9003

INSTRUCTIONS: Please fill out all sections of this application. Incomplete applications will not be considered. Your application will be used as part of the certification process and, therefore, should represent your best effort.

The Town of Blacksburg provides an equal employment opportunity to all Town employees and applicants for employment on the basis of individual merit and qualifications and without regard to race, age, color, religion, sex, national origin, political affiliation, or disability.



POSITION APPLIED FOR \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Give exact title)

Name \_\_\_\_\_  
Last First Middle Name

Address \_\_\_\_\_  
Street City State Zip Code

Phone H \_\_\_\_\_ W \_\_\_\_\_ Social Security Number \_\_\_\_\_

Check age category: Under 21 \_\_\_\_\_ 21 or Over \_\_\_\_\_

Are you legally eligible to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: Upon hire applicants will be required to present documents proving identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.

On what date would you be available for work: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Have you ever worked for the Town of Blacksburg? Yes \_\_\_\_\_ No \_\_\_\_\_

Which department? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

EDUCATION: Indicated the highest grade you completed. ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Name and location of the last high school you attended \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, have you passed a G.E.D. test? Yes \_\_\_\_\_ No \_\_\_\_\_

	School Name and Location	From	To	Date Graduated	Degree/Certificate	Major Area of Study
College or University						
Other Education						

Special Qualifications and Skills: (keyboarding, computer skills, professional licenses and certificates, kinds of office or construction equipment you can operate, publications, scholastic honors, etc.)

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Are you able to fully perform the essential functions of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, Please explain.

NOTE: A disability will not bar a qualified applicant from employment if the applicant is able to perform the essential functions of the job with or without reasonable accommodation.

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Have you ever been convicted of any offense against the law? Omit juvenile offenses and minor traffic violations. Include conviction by general court martial while in the military service. Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, give date, place, charge, court, and fine or sentence.

NOTE: A conviction does not automatically mean that you cannot be employed. The nature and date of the conviction are important. Give all of the facts so that a decision can be made.

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EXPERIENCE: Start with your present job and work back. Include military service, part-time and temporary employment, and relevant volunteer experience. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include all requested information.

Present	Dates:		
Employer _____	From _____	To _____	
	Phone _____	Avg. Hrs. _____	
Address _____	Number _____	per Week _____	
	Salary: _____		
Job Title _____	Starting _____	Present _____	
Supervisor's Name and Title _____	Reason for Leaving _____		
Describe your Work _____			

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☐ Check here and explain if you do NOT want this employer contacted for a reference. \_\_\_\_\_

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Account for Time Between Jobs (if any) \_\_\_\_\_

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Employer \_\_\_\_\_ Dates:  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Avg. Hrs.  
Number \_\_\_\_\_ per Week \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary:  
Starting \_\_\_\_\_ Present \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Describe your Work \_\_\_\_\_

☐ Check here and explain if you do NOT want this employer contacted for a reference. \_\_\_\_\_

Account for Time Between Jobs (if any) \_\_\_\_\_

Present  
Employer \_\_\_\_\_ Dates:  
From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Avg. Hrs.  
Number \_\_\_\_\_ per Week \_\_\_\_\_  
Job Title \_\_\_\_\_ Salary:  
Starting \_\_\_\_\_ Present \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Describe your Work \_\_\_\_\_

☐ Check here and explain if you do NOT want this employer contacted for a reference. \_\_\_\_\_

Account for Time Between Jobs (if any) \_\_\_\_\_

PERSONAL REFERENCES (Do not include relatives or former employers.)

Name and Occupation	Address	Phone
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

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USE THIS SPACE FOR ADDITIONAL OR EXPLANATORY INFORMATION

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May we conduct a background check of your qualifications, character, record of employment, and, if applicable, your driving record?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain. \_\_\_\_\_

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ATTENTION: This statement must be signed.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me, or for dismissing me after I have begun work.

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Signature

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Date

**Authorization Form for Driving Record Checks**  
**With the Division of Motor Vehicles**  
**For the**  
**Town of Blacksburg**

I authorize the Town of Blacksburg to obtain a DMV printout of my driving record when requested by Town of Blacksburg personnel staff or my supervisor to be used solely for purposes of my obtaining employment with the Town, or voluntary membership in the Blacksburg Volunteer Fire Department or Blacksburg Rescue Squad, or to check with the Fire Department or Rescue Squad. This authorization will be valid for the entire length of my employment or membership, or for purposes of obtaining employment with the Town of Blacksburg where the position involves driving a Town-owned vehicle or my personal vehicle on Town business, and after my employment with the Town of Blacksburg.

**PLEASE PRINT**

Name: \_\_\_\_\_

Birthdate:    *Month* \_\_\_\_\_        *Day* \_\_\_\_\_        *Year* \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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APPLICANT DATA FORM. The information requested on the front and back of this form is needed to measure the effectiveness of the Town's Equal Employment Opportunity policy and to meet the reporting requirements of the related laws. **The information will be used for statistical purposes only.** This form will **not** remain with your application for employment.

JOB APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION

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SOCIAL SECURITY NO.

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LAST NAME

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FIRST NAME

--

MIDDLE INITIAL

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STREET NUMBER AND STREET NAME

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APARTMENT NO.

--

CITY/TOWN

--

STATE

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ZIP CODE

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HOME PHONE NO.

/	-
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BIRTH DATE

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SEX -

MALE ☐

FEMALE ☐

ETHNIC ORIGIN. Please check the *one* box which best describes your ethnic origin.

- ☐ White (not of Hispanic origin)
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander

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How did you learn about the job for which you are applying?

☐ Roanoke Times and World News

☐ The News Messenger

☐ Other Newspaper: (Name) \_\_\_\_\_

☐ Friend

☐ Job Line

☐ Current Town Employee

☐ Other: (Describe) \_\_\_\_\_  
\_\_\_\_\_



P.O. Box 90003  
Blacksburg, VA 24060

## **RELEASE OF RECORDS**

This is to certify that I am an applicant for a position with the Blacksburg Police Department. I, \_\_\_\_\_, do hereby authorize the release of any and all information to the Blacksburg Police Department from my Selective Services, medical, military, police, employment, personnel, driving, school, and credit records.

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Signature

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Date



P.O. Box 90003  
Blacksburg, VA 24062

## **AUTHORIZATION FOR RELEASE OF CREDIT RATING REPORT**

As part of the background investigation being conducted on applicants for employment with the Blacksburg Police Department, a consumer credit report will be obtained. Prior to any adverse action that may be taken as a result of the information obtained from the credit report, a copy of the report shall be provided to the applicant along with a copy of the summary of the consumer's rights.

I, \_\_\_\_\_, do hereby acknowledge receipt of the disclosure information regarding my credit report and do hereby authorize a review and full disclosure of all credit reports to a duly authorized agent of the Blacksburg Police Department.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Applicant's Signature (sign before Notary)

State of Virginia, County of Montgomery

This day \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

\_\_\_\_\_  
Notary of Public

Commission Expires \_\_\_\_\_